

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/23/2021
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NAME OF PROVIDER OR SUPPLIER
AHC CUMBERLAND

STREET ADDRESS, CITY, STATE, ZIP CODE
**4343 ASHLAND CITY HIGHWAY
NASHVILLE, TN 37218**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 000	Initial Comments An investigation of complaint TN00055772 was conducted on 11/23/2021 at AHC Cumberland. Health deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	1. On 11/22/21, Unit Manager removed and disposed of improperly stored wound care supplies for resident #1.	
N 620 SS=D	1200-08-06-.06(3)(a) Basic Services (3) Infection Control. (a) The nursing home must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases. This Rule is not met as evidenced by: Based on facility policy, record review, observation, and interview, the facility failed to properly store wound care supplies to prevent potential wound care infections for 1 (Resident #1) of 3 sampled residents. Review of the facility policy titled "Infection Prevention and Control Program," dated 11/2019 revealed, "...It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections...a system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable disease for all residents, staff, volunteers, visitors, and other individuals	N 620	2. On 11/22/21, Unit Manager and Wound Care Nurse performed 100% audit of wound care supplies to ensure proper storage. 3. On 11/22/21, Wound Care Nurse and all staff was in-serviced by DON regarding proper storage of wound care supplies. 4. The Don, ADON, and Nurse Management will monitor for compliance by selecting 3 patients requiring treatments daily on business days for a month, three times a week for a month, and then weekly thereafter. These audits will begin 12/23/21 until compliance is achieved and report to the QA&A and QAPI Committee quarterly. Completion date : 1/5/22	1/5/22

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Edward J. [Signature] Administrator

12/22/21

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N 620	Continued From page 1 providing services under a contractual arrangement based upon a facility assessment and accepted national standards...the Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee...supplies protocol...sterile supplies shall be appropriately packaged and sterilized or purchased prepackaged and sterile from the manufacturer...sterile supplies are checked for expiration dates prior to use and are replaced as necessary...prepackaged sterile items are considered sterile until opened or damaged...packaging shall be inspected prior to use..."	N 620		
	Review of the medical record revealed Resident #1 was admitted to the facility on 7/30/2021 with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD), Hemiplegia, Cerebral Infarct, Pressure Ulcer to right ankle, right hip, and left hip all unstageable, and Protein Calorie Malnutrition. Review of the Readmission Minimum Data Set (MDS) assessment dated 8/6/2021, revealed a Brief Interview for Mental Status (BIMS) score of 11 indicating slight cognitive impairment. Observation and interview in Resident #1's room on 11/22/2021 at 10:30 AM, revealed her up in wheel chair dressed for the day. Observation and interview in Resident #1's room again on 11/22/2021 at 1:28 PM, she stated the wound care nurse took the wound vac off today due to it not working properly. Resident #1 showed this surveyor the new dressing wound nurse had just applied to R hip. When this surveyor was leaving			

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N 620	Continued From page 2 Resident's room, it was noted wound vac dressing supplies (transparent drape supplies) laying open in the floor and cut foam (used to cover the open wound) laying open in bag on top of Resident #1's night stand. During an interview with wound nurse on 11/22/2021 at 1:58 PM, he was asked where wound care supplies are kept. He stated they usually stay on the wound cart. The Unit Manager was asked to come to Resident #1's room to observe placement of wound care supplies, she stated they shouldn't be in the room and especially not in the floor and she immediately disposed of all wound care supplies.	N 620		
N 645 SS=D	1200-08-06-.08(3)(l) Basic Services (3) Infection Control. (k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times. This Rule is not met as evidenced by: Based on facility policy, observation, and interview, the facility failed to provide a safe, clean, sanitary, and in good repair room for 1	N 645		

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N 645 Continued From page 3
(Resident #1) of 3 sampled residents.

Review of the medical record revealed Resident #1 was admitted to the facility on 7/30/2021 with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD), Hemiplegia, Cerebral Infarct, Pressure Ulcer to right ankle, right hip, and left hip all unstageable, and Protein Calorie Malnutrition.

Review of the Readmission Minimum Data Set (MDS) assessment dated 8/6/2021, revealed a Brief Interview for Mental Status (BIMS) score of 11 indicating cognitive abilities.

Observation and interview in Resident #1's room on 11/22/2021 at 10:30 AM, revealed her up in wheel chair dressed for the day. Resident #1's room was visibly dirty with her overbed table and roommate's overbed table with dried food noted. Garbage can filled with to go styrofoam box which Resident #1 stated, "That's where I ordered food from the restaurant last night." Resident #1's wall behind bed with large area of missing sheet rock leaving noticeable crevice without paint.

Observation of room 504 on 11/22/2021 at 10:50 AM, revealed missing sheet rock behind A bed, leaving large crevice in the wall unpainted. Overbed table in resident room also noted to have dried food on it.

Administrator was informed of physical environment issues in Resident #1's room and 504, Administrator went to evaluate rooms. Administrator came back to surveyor and confirmed the maintenance man would fix the areas in residents room.

N 645

1. a. The Maintenance Supervisor repaired the crevice in the wall behind the bed in Resident #1's room and room 504 on 11/22/21.
- b. The overbed tables for Resident #1's room and room 304 were cleaned on 11/22/21 by the housekeeping supervisor. The garbage can for Resident #1's room was emptied on 11/22/21 by the housekeeping supervisor.
2. a. The Maintenance Supervisor visually inspected all resident rooms for missing sheetrock behind the resident beds on 11/23/21. No other resident rooms were found to be affected.
- b. The Housekeeping Supervisor visually inspected all resident rooms for dirty overbed tables and overflowing garbage cans on 11/23/21. No other resident rooms were found to be affected.
3. The Maintenance Supervisor was inserviced on 12/20/21 by the Administrator regarding properly maintaining sheetrock walls in resident rooms. The housekeeping department was inserviced on 12/20/21 by the Administrator regarding cleaning a resident's room to include overbed tables and emptying garbage cans.
4. The Administrator will monitor for compliance by conducting walking rounds daily for four weeks, then twice per week for two months. All findings will be reported by the Administrator to the QAPI Committee until substantial compliance is met.

Completion Date: 12/23/21

12/23/21

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N 645	Continued From page 4 Further observation on hall 500 on 11/22/2021 at 2:30 PM, revealed housekeeper leaving the hall for the day. Resident #1's room and 504 room at 2:32 PM continued to have the same dried food on overbed tables. Also noted in both rooms, the crevices in sheet rock now have putty in them awaiting to dry and be painted. Resident #1 stated, "The maintenance man has been in here and worked on the wall."	N 645		